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ABSTRACT

This paper describes a project to train service providers in replicating the Home Activity Program for Parents and Youngsters (HAPPY). HAPPY is a family-focused program developed to meet the educational needs of disabled children ages birth through 5 years in rural Nevada. Content of the training modules was developed from a review of literature and training materials, professionals' experiences, needs assessments, initial training surveys, and informal interviews with training participants. The seven training modules include: (1) home visiting strategies, including information on family dynamics, family guided care, and grief responses; (2) information on parental participation in child assessment and program development; (3) service coordination principles and dimensions, roles of the family and professionals in service coordination, and program implementation; (4) consultative therapy, including defining team building and its processes and identifying stages of team development; (5) an overview of assessment emphasizing screening, diagnostics, and programmatic assessment and intervention methods; (6) instruction in the use of the HAPPY computer software, including its installation and features; and (7) mechanics for creating individualized training tapes. This paper also addresses how adult learning strategies (concrete experiences, reflective observation, abstract conceptualization, and active experimentation) can be incorporated into the training modules. (LP)

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REPLICATING SUCCESSFUL EARLY INTERVENTION IN RURAL AREAS

Model Program Description

As the State of Nevada works to develop comprehensive service delivery systems for children, ages birth through five years of age with developmental delays, cost-effective and beneficial service delivery models must be appropriately identified for all rural areas. Training replications of these models must then be made available to professionals and paraprofessionals who will be able to effectively use them. As a result, additional families and their children will benefit from local services, in both home and integrated settings, provided by qualified personnel.

The Home Activity Program for Parents and Youngsters (HAPPY) is a family-focused model developed specifically to meet the service delivery challenges of rural Nevada. This successful model was originally developed through a Handicapped Children's Early Education Program (HCEEP) Demonstration Grant providing services to children ages birth through five years and their families. Currently services are funded through state revenues and assist families and their children ages birth through two years.

The HAPPY service delivery model utilizes team-based programming, integrating the input of parents, interventionists and therapists; an assessment-based curriculum, which is computer assisted for programming purposes; and video technology, utilizing a consulting-based model, and involving the families as primary facilitators of their children's optimal development. Efficacy data from this program suggests that this service delivery model has resulted in high parent/family participation in their children's developmental programming and instruction (Perkins & Walter, 1987).

Despite the increasing success of the HAPPY service delivery model, a need for additional local community-based services exists to augment regional services for children ages birth through two. In addition, technical assistance and support is needed to enhance the continuum of service options available through local education agencies offering services to eligible children, ages three through five years of age.

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The Home Activity Program for Parents and Youngsters (HAPPY) Rural Outreach Training Project is designed to assist in the replication of HAPPY home-based service delivery model components for rural Nevada providers. This program serves rural families and their young children, from birth through five years of age who have disabilities. The outreach training project is a collaborative effort funded by the Department of Education. Agencies involved in the project include: the Nevada Departments of Education and Human Resources (lead agencies for IDEA, Parts B and H), University of Nevada, Reno: University Affiliated Programs, College of Education, College of Human and Community Sciences, and School of Medicine, rural Nevada Inter-Tribal Council Head Starts, rural Nevada Head Starts, rural community child care providers, and rural local education agencies.

Module Development

The seven training modules developed for this outreach training replication were first identified as the fundamental components of the HAPPY rural early intervention model. These seven components were selected as target objectives and became the training modules.

Using a variety of resources, the replication training modules were developed as a linked system for the rural training sites, moving from identification and assessment, to conducting interventions, and working in teams, coordinating services, and involving families. Outlines of training module content evolved from a series of meetings in which the coordinators met with other professionals and identified critical issues and needs pertaining to potential rural training sites, programs, and participants. From these original outlines, training content in each of the seven modules was developed from a variety of sources which included the HAPPY early intervention services model, a review of published literature and training materials, professionals' experiences, and the needs assessments, initial training follow-up surveys, and informal interviews with training participants. The first source of information was the HAPPY early intervention model, currently used to meet the intervention needs for families in rural settings with children, ages birth through three who have disabilities. From the existing program model a majority of the service delivery issues were replicated.

The second source of information that was used in developing the training modules was the combined personal and professional experiences of the training coordinators and their associates. Each of the coordinators brought to this project several years experience participating in early intervention service delivery models, using a variety of team approaches, and teaching in both degree and non-degree training programs. Additional

expertise was provided from other professionals based on their experiences in rural settings, their knowledge of adult training, and their own experiences. As modules were developed and outlined, the professionals' combined experiences and information assisted in shaping the emerging training content and presentation approaches.

The third source of information used in developing the training modules was through a search of published literature and training materials of best practices and adult teaching strategies in early intervention. The literature search used to develop the modules was extensive and incorporated examination of a variety of identified training approaches and content. Identified literature consisted of materials that covered information from a variety of areas. These materials included curriculum based assessment and intervention strategies, center and home based service delivery models, adult learning strategies, participant interaction activities, video training materials, teaming information, communication and collaboration skills and strategies, and rural service delivery issues.

The fourth source of information used in developing the training modules was in the form of participant feedback, obtained through three methods. First, as the modules and content were being developed, participants who indicated interest in obtaining the training were asked to complete needs assessment surveys. In these surveys, potential participants rated approximately 45 statements, related to the training modules, by interest and needs. The last page of the needs assessment surveys included an open-ended question asking participants to identify additional training needs and interests that could be included in the training. Second, as trainings took place, participants were asked to complete evaluations and follow-up surveys, describing additional training needs and interests. Third, as modules were developed, informal conversations took place with participants, obtaining feedback that would be helpful in providing further assistance to participants to meet needs unique to rural settings. As was necessary, the contents of the training modules were modified to reflect additional needs and interests of the rural participants and their settings.

These four sources of information all contributed to developing a cohesive outreach training program that provided a replication of the HAPPY model used in rural areas of Nevada. Sources from professionals' experiences, a comprehensive search of the literature, and feedback from the participants were useful in adapting the content and information to meet rural needs and interests individualized to specific areas, programs, age groups and participants.

Module Descriptions

The HAPPY Rural Outreach Training Project developed seven modules that replicate components of the HAPPY service delivery model and are

representative of best practice. Rural service providers have the opportunity to receive professional development training focused in the following areas:

Module I: Home Visiting Strategies.
This module includes information on family dynamics, family guided care, and understanding grief responses. A discussion of cultural considerations includes a self assessment exercise, information of how religion and causation beliefs impact family systems, and the implications of these factors in program planning. A cultural assessment guide for service providers is also included. The second half of this module includes videotaped case studies for discussion, home visit guidelines, and role-playing activities. Family needs assessment methods are provided along with family coaching techniques, information on foster family/professional relationships and teaming strategies.

Module II: Parental Participation in Assessment of the Child and Program Development.
This module includes a definition of collaboration, and describes how values and priorities often impact families and professionals decision-making processes. Additional information is included to assist professionals in developing cultural competence. Case studies are included to obtain participant interactions regarding parent-professional relationships in the assessment process. In the second half of this module communication and collaboration activities are provided using hands-on activities and practice. Information is provided on the principals and practices of family guided services and include family involvement and participation, family identified concerns, priorities and resources, delivering sensitive information and encouraging parent participation.

Module III: Service Coordination.
This module provides a variety of materials describing service coordination principles and dimensions, roles of the family and professionals in service coordination, and implementing the process. Information regarding how service coordination impacts the IEP/IFSP process is also provided. The second half of this module provides information about community collaboration and the role of the service coordinator in planning and coordinating services.

Module IV: Consultative Therapy.
This module is designed to facilitate teaming in early intervention services. The first portion of this module focuses on defining team building and its processes, and identifying the stages of team development. A participant self-assessment that identifies team player styles is provided and several activities and practice oppurtunities are used to assist participants in using problem solving steps. Information that describes collaboration and collaborative goal

setting is included and several strategies and activities are provided that teach and allow practice in reaching group consensus. Two characteristics of consultative teams, role release and role transition processes are then discussed, demonstrated, and practiced through small group activities. Individualized training tapes for families and selected case studies are also used in this module to facilitate team planning.

Module V: Assessment.
An overview of assessment provides emphasis on screening, diagnostics and programmatic assessment and intervention methods. Discussions and activities identifying the purpose and type of each assessment are provided. An overview of the linked system provides information of the importance of linking developmental assessment and early intervention, including families, and insuring both formative and summative evaluation. An overview is provided of the Early Intervention Developmental Profile and Preschool Developmental Profile, the assessment and curriculum instrument used with the HAPPY computerized curriculum. Participants obtain hands-on practice using assessment through the use of videotapes. The last section of this module includes assessment strategies that include guidelines for observing and recording behaviors.

Module VI: Computer Based Curriculum.
This module provides instruction to participants in the use of the HAPPY software including its installation and all of its features. This module is designed as a hands-on computer experience useful in guiding participants through each component of the HAPPY software program, and includes creating a home activity program and utilizing computerized records. Instructions are provided in adapting the curriculum, and include task analysis, identifying missing components of behavior, creating and individualizing activities, and adding individualized program steps. The final component of this module is the application and use of the Home Activity Programs (HAPs), creating a link between school and home, fostering parent involvement and incorporating team collaboration across a variety of disciplines.

Module VII: Video Technology.
This module is designed for individuals who are not familiar with the use of VCR's for duplicating tapes and operating camcorders, and provides the mechanics for creating individualized training tapes. There is a focus in this module on implementing a video instruction and communication system for home program implementation, while incorporating the use of home activity programs.

Throughout several of the modules, training information may overlap. Individual training sites and programs identify the modules in which they are interested in obtaining training. Training content is then based on the

needs assessment survey and the informal information obtained from the potential participants. Modules are designed to be flexible and meet specific individual program needs. Since it is unlikely that each program will receive training in all modules, it was important to include basic information (i.e., families, culture, team collaboration, etc.) germane to all aspects of the training throughout many of the modules. As trainings with programs progress, information included in each module can be emphasized or briefly covered as an overview.

Presentation of Training

Using guidelines based on the Learning Style Inventory, developed by Smith and Kolb (1985), a variety of presentation approaches were identified to balance adult learning approaches. In Smith and Kolb's model, four modes of adult learning were identified and organized into experiences for providing and obtaining new information. Through the utilization of the senses, visual, emotional, auditory, tactile, this inventory provides a schemata of a range of approaches that can be used in learning new information. The model included the following modes and approaches useful in learning: concrete experience, which emphasizes personal involvement in situations; reflective observation, which utilizes understanding of ideas and situations from different points of view; abstract conceptualization, which involves using logic and ideas rather than feelings; and active experimentation, which involves experimenting with changing situations.

Using the concrete experience mode, approaches used to involve the training participants include scenarios with roles played by the training participants, participants own experiences shared with the training group, and small group activities, discussions, and games that present problems in need of solutions. Using the reflective observation mode, approaches include case studies which provide specific experiences of others and the view points reflected by the various roles in each case, and instructor's role plays demonstrating communication skills and strategies, and examples of miscommunications between individuals. A variety of videotaped recordings of demonstrations, commentaries, participant surveys and self-assessments, and more traditional lectures provide additional approaches using reflective observation.

Using the abstract conceptualization mode, approaches include the use of group activities which involve planning and problem solving, journal writing, information obtained from applied research, and games and puzzle solving. Using the active experimentation mode, approaches include the use of instructor - participant interactions, participant practice sessions in using the information from the training, small group discussions and team activities requiring both process and product. By coordinating use of the adult learning modes and the identified content for the HAPPY replication training, the modules incorporate a balanced variety of teaching approaches utilizing a range of techniques.

Evaluation and Follow-up

Evaluation of the effectiveness of the HAPPY Rural Outreach Training focuses on the implementation of the HAPPY model, expansion of service options, training results and project effectiveness. This method includes continuous, formative evaluation that will facilitate immediate response to the need for program adaptation and an annual summative evaluation to assess the overall project.

A number of months after rural sites have received training, follow-up surveys are forwarded to participants to ascertain the training's impact in the following areas: ability to adopt components from the training, ability to serve more children, service delivery changes resulting from the training, incorporation of more family guided services, and implementation of the computerized curriculum. If programs have implemented the computerized curriculum, a survey is sent to those families currently receiving home activity programs. This survey ascertains if: activities were appropriate for the child and family, activities were enjoyable, activities helped with carryover from school to home, and in what ways activities helped promote their child's development.

Follow-up site visits are available for a two purposes. First, they are used to determine to what extent the model is being applied at the site. Second, they are usded to determine if there are discrepancies between recommended and actual site procedures, and identify the discrepancy. Identification of the discrepancy might include additional training, targeted technical assistance, or re-examination of the recommended HAPPY practice.

Each aspect of training efforts are evaluated to determine the effectiveness of presentations, effectiveness of materials, appropriateness of content, and the sensitivity to the ethnic and cultural groups within the community. Training evaluation surveys are completed after the presentation of each module. The data collected is used to modify the training procedures and to make training more relevant to each site.

Summary

The Home Activity Program for Parents and Youngsters (HAPPY) Rural Outreach Training Project incorporates a combination of replication, best practices, professional experiences, and participant feedback in order to provide rural based programs with the specific information and skills they need. Through the development of the seven training modules, several rural sites are able to select the modules that will be most appropriate to their staff training needs. As the programs begin to incorporate the information, follow-up information is obtained in order to continue to help these sites improve the services offered to families and their young children in rural areas of Nevada.